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Substitute	e for form 1449A/PTO			Complete if Known				
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INI	FORMATION	اD ا	SCLOSURE	Filing Date	02/23/2004			
ST	ATEMENT I	BY A	APPLICANT	First Named Inventor	SHIRAISHI			
				Group Art Unit	-Unassigned 3724			
	(use as many sh	eets a	s necessary)	Examiner Name	Unassigned It Payer			
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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